

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 06/24/02

RETURN BY: 07/17/02

CATERER XX

NON-CATERER

APPLICANT: DENIS M VONTZ, DBA PIONEER GOLF COURSE

APPLICANT'S ADDRESS: 3403 W VAN DORN STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 3403 W VAN DORN STREET/ENTIRE GOLF COURSE INCLUDING DRIVING RANGE & PARKING LOTS

DATE(S) OF EVENT: AUGUST 12, 2002

TIME(S) OF EVENT : 8 AM TO 4:30 PM

TYPE OF EVENT: MEMORIAL SCHOLARSHIP GOLF TOURNAMENT

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

ROL APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

Russ Foch
Signature

6-24-02
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 7/29/02

(SDLRPT.JER)

R OUTDOOR EVENTS

CITY USE ONLY

Special Designated License Application Supplemental Form

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: Don Buckner Memorial Scholarship Tournament

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of the Event: Monday August 12 Time of the Event: 8:00

Has the applicant applied for, and received liquor liability insurance? ☒ yes ☐ no

Number of persons expected to attend: 100 Number of persons under 21 expected: 0 Is the event open to the public? ☐ yes ☐ no

How will you ensure that minors will not be served or consume beverages containing alcohol? Proper identification will be checked.

Will food be served? ☐ yes ☒ no If yes, please list food to be served: _____

Will non-alcoholic beverages be served? ☒ yes ☐ no If yes, please list non-alcoholic beverages to be served: O'Doulb, Pop, Gatorade

Please identify the beverages containing alcohol that will be served: ☐ wine ☒ beer ☐ distilled spirits Will this be a cash or complimentary bar? ☐ cash ☐ complimentary

Who will serve the beverages containing alcohol? SNACK Bar Personnel + Manager
Have the designated servers received responsible beverage service training? ☒ yes ☐ no

Will there be a charge for admission? ☒ yes ☐ no

In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ yes ☒ no
If so, please explain _____

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 36846, Lincoln NE 68599

645

A2-069596

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- 1 All Applications must be received in the Commission Office 18 working days (excluding holidays) prior to the date of the event
2 Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
3 A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
4 LOCAL APPROVAL must be included with this application
5 A Signed Statement from Local Police Chief or County Sheriff (question #12)
6 NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits
2. Status of the Applicant (check one)
- | | | | | | | | |
|--|--|---|--|--|---|---|---|
| <input type="checkbox"/> Municipal Corporation | <input type="checkbox"/> Political Corporation | <input type="checkbox"/> Fine Arts Museum | <input type="checkbox"/> Fraternal Corporation | <input type="checkbox"/> Religious Corporation | <input type="checkbox"/> Charitable Corporation | <input checked="" type="checkbox"/> Retail Licensee | <input type="checkbox"/> Public Service Corporation |
|--|--|---|--|--|---|---|---|

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K)
- Denis M. Vontz
3403 W. Van Dorn
Lincoln NE 68522
- Pioneer Golf Course
- 48772
A

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
- SAME AS ABOVE

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
- Denis Vontz 7514 Brummond Drive Lincoln NE 68516

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable law, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
- Denis Vontz (W) 441-8966 (H) 328-8613

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
- August 12TH

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8:00 TO: 4:30

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
- Memorial Scholarship Golf Tournament (Scramble)

11. Provide an estimated number of attendees at this event 100. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

13. List the number of SDL's that you have applied for at this specific location in the last six months. 3

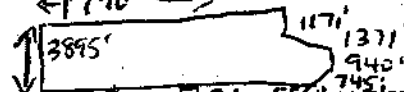
CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☐ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: _____ x _____ Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (in feet)

Entire Golf Course - Including Driving Range + Parking Lots. All the
area is fenced in.



If outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

From Distributors (Wholesale)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☐ YES ☒ NO

Yes Inside Clubhouse - portables on the golf course

20. Other information or requests by the applicant:

To Be put on July 29 Council agenda (ONLY IF 7 Council members
are going to be present)

21. Will there be any games of chance operating during the event? ☐ YES ☒ NO
NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Authorized Representative/Applicant

Manager

Title

6-19-02

Date

sign
here

Supervisor

Title

Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.